

Voice of Hope: Rape Crisis Center

WALK A MILE IN HER SHOES MARCH TO STOP SEXUAL VIOLENCE TEAM REGISTRATION FORM

When: Saturday, April 28, 2018
Registration Opens: 9:30 a.m.
Walk Begins: 10:00 a.m.

Where: Lowes Home Improvement
5022 West Loop 289

Proceeds to benefit: Voice of Hope
P.O. Box 2000
Lubbock, TX. 79457
Phone: 806.763-3232 Fax: 806.763-1801
Contact: Leslie Timmons

STEP 1: Team Captain/Members (Please print clearly)

Registration Fee: \$25 per member (minimum of 5 members per team)

Team Captain Name: _____

Organization Name: _____

Address _____

City: _____ State _____ Zip _____

Phone: _____ E-mail: _____

Team Members: _____

**Both Men & Women are welcomed to march.
NO HEELS REQUIRED TO SHOW YOUR SUPPORT!!**



Ask friends, neighbors, work colleagues, or relatives to sponsor you by making pledges in your name. Funds raised will be used to assist victims of sexual assault in our communities and provide sexual assault primary prevention programs in local schools.

STEP 2: SHOES

Please indicate the shoe sizes you will need: (no half sizes available) Sizes 8-17 available on first come/first serve basis. Marchers may provide their own shoes.

SIZES:

QTY:

SHOES ARE ON LOAN AND WILL NEED TO BE RETURNED AFTER THE MARCH.

STEP 3: T-SHIRT

Registered march participants will receive a complimentary T-Shirt while supplies last.

Please circle the shirt size:

SIZES: ADULT SM MED LG XL XXL

QTY:

STEP 4: Walk a Mile Waiver

In consideration of my entry in the Voice of Hope Walk a Mile in Her Shoes March to Stop Sexual Violence, I for myself, my heirs, executors and administrators waive and release any and all rights and claims for damages or injury I have or may incur against the organizers of this event, its principals, its employees, all sponsors and their representatives and all claims of damages, demands, actions whatsoever in this manner, as a result of my participation in the Walk a Mile event, including travel to and from this event. I attest and verify that I am physically fit and have sufficiently trained for completion of this event and have not been advised otherwise by a qualified medical person. Further, I hereby grant permission to any and all foregoing to use my name and likeness in any broadcast, telecast, video or print media of the event with out compensation. Voice of Hope reserves the right to refuse participation in our Walk A Mile event.

Signature: _____

Date: _____

All entrants (parents/guardian if under 18) must sign



TOTAL AMOUNT ENCLOSED: \$ _____